**Operational Pressure Escalation Framework –**

Definitions of crisis – subjective in the media and with no numerical definition of “crisis”

We needed to define what the stages might be in relation to crisis or an escalation of the demand for services and the ability of the NHS to treat and discharge those coming to the service.

In addition the creation of a way of reviewing the whole system as opposed to departments.

Long term whole system management response to pressure from COVID, weather and also other respiratory infections in the winter.

NHS have a more structured and managed approach to managing this - using a RAG rating (red, amber and green) – with the addition of black as the highest level of alert.

The levels of risk used in the health service in Scotland are:

* Black – immediate and tangible impact
* Red – significant intervention is required
* Amber – moderate impact – but functioning following intervention
* Green – functioning – major impacts experienced

**System components** – location, specialism, pathway of care

**Metrics**

Activity / Demand =

Activity/Demand : Capacity

Difficulty / Stress = complexity of the treatments

Transition + Flow – discharge data

**Actions**

Increase a capacity or resource •

Redirect one resource from one activity to another •

Change the usual operational rules through a derogation matrix (agree who, what, where and when teams would be moved from normal operational roles to focus on where the pressures are)

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| **RAG** | **Impact** | **Assumptions** |
| Black | immediate and tangible impact | Bed occupancy/staff - 100% |
| Red | significant intervention is required | Bed occupancy 81% - 99% |
| Amber | moderate impact – but functioning following intervention | Bed occupancy 71% - 80% |
| Green | functioning – major impacts experienced | Bed occupancy 70% and under |

Source:

<https://www.opendata.nhs.scot/dataset/annual-hospital-beds-information/resource/5d55964b-8e45-4c49-bfdd-9ea3e1fb962d>

<https://pubmed.ncbi.nlm.nih.gov/31904598/>

Bed costs